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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Prevention and Public Health Fund: Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance

Announcement Type: New – Type 1

Agency Funding Opportunity Number: CDC-RFA-IP11-1107PPHF11

Catalog of Federal Domestic Assistance Number: 93.539 Prevention and Public Health Fund (Affordable Care Act) – Immunization Program

Key Dates:

Letter of Intent Deadline Date: April 13, 2011

Application Deadline Date: May 9, 2011, 5:00 pm Eastern Standard Time

Executive Summary:

This "transition" cooperative agreement will assist grantees to meet their specific needs as they make the needed changes to be more effective in the Affordable Care Act (ACA) environment. On February 17, 2009, the President signed the American Recovery and Reinvestment Act of 2009 (ARRA). ARRA funds have been used by grantees to improve their immunization information systems, develop plans to bill insurance carriers for immunization services, improve immunization program operations, address school coverage & exemption, enhance the National Immunization Survey (NIS), enhance sentinel immunization information system activities, and strengthen the evidence base.

Presently, and relevant to this FOA, with ARRA funding, 20 grantees are modernizing their immunization information systems' (IIS) technology infrastructure to enhance interoperability from electronic medical records to immunization information systems using Health Level 7 (HL7) standard messages. Also with ARRA funding, 14 grantees are developing the ability to bill for immunization services rendered to insured individuals in local health departments, which will make their use of Section 317 funding more efficient and effective. Through their H1N1 response, many grantees have started to develop means of extending their immunization activities into schools, augmenting the primary care system. As the Section 317 program is changed under the ACA, the methods for reaching adults and adolescents can be refined and strengthened. This cooperative agreement presents a menu of options that applicants can select for development and action. The options include Program Areas organized in three parts:

Part I: Enhancing Immunization Information Systems (IIS):

Program Area 1: Enhance interoperability between electronic health records (EHRs) and immunization information system (IIS) and reception of Health Level 7 (HL7) standard messages into IIS

Program Area 2: Develop a vaccine ordering module in an IIS that interfaces with CDC's VTrckS vaccine ordering and management system

Part II: Enhancing Grantees' Infrastructure to Improve Operations

Program Area 3: Develop strategic plans for billing for immunization services in health department clinics

Program Area 4: Implement strategic plans for billing for immunization services in health department clinics

Program Area 5: Plan and implement adult immunization programs

Program Area 6: Enhance the sustainability of school-located vaccination

Applicants may apply for any of the Program Areas in this FOA in accordance with applicable eligibility criteria as provided in Section III. Eligibility Information. Applicants must submit one application that clearly identifies each Program Area(s) for which they are applying and addresses the required elements of the corresponding Program Area(s). An overview of each Program Area is provided below.

Part I: Enhancing Immunization Information Systems (IIS)

Program Area 1: Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS

At the end of 2009, 53 of 56 CDC Immunization Program grantees (50 states, 5 cities and the District of Columbia) with functional IIS reported approximately 18.4 million (77%) U.S. children aged <6 years participated in an IIS. Of those 53, 2 Immunization Program grantees used their state immunization information system. Of the remaining 51, 30 (59%) IIS grantees reported being able to send and receive HL7 messages, 4 of 51 (8%) IIS grantees were partially able to meet HL7 capability by either sending or receiving messages, and 17 of 51 (33%) IIS grantees did not have HL7 functionality. Grantees report many EHR vendors exchange data with IIS electronically, but most EHRs do not use Office of the National Coordinator for Health Information Technology (ONC) endorsed standards for interoperability with IISs. Enhancing the interoperability of EHR-IIS data exchange will increase ONC-endorsed HL7 use and reduce reliance on other electronic formats for immunization data associated with a significant proportion of U.S. children <6 years of age. Providing support for the enhanced interoperability of EHR with IIS with a specific focus on the exchange of vaccination records will reduce the duplicate data entry burden on providers. Enhanced EHR-IIS interoperability will improve the completeness of immunization histories available to clinicians and public health, improve the timeliness of immunization data submission to an IIS, and improve the quality of IIS coverage assessments, and the data available to other public health systems (e.g., vaccine preventable disease surveillance units). Improved

interoperability will also reduce extra immunization, thereby saving time and resources.

Outcome measures for this Program Area include:

- o Increase the number of grantees (n=53 domestic grantees with an IIS) with enhanced EHR-IIS interoperability using HL7 from 20 (38%) to at least 33 (62%).

- o Collect baseline data to measure:

    - The number of enhanced EHR-IIS practice-based electronic interfaces available

    - The number of practice-based electronic immunization transactions reported/timeframe (week/month) to the IIS

    - The number/proportion of practice-based immunization data received and recorded in an IIS within 30 days or less

Program Area 2: Develop a vaccine ordering module in IIS that interfaces with CDC's VTrckS vaccine ordering and management system

This Program Area will support interfacing grantee IIS vaccine ordering modules with the VTrckS system and thereby leverage the significant investment made in developing and implementing IIS ordering and inventory components. Building on existing infrastructure in grantees' jurisdictions will minimize the amount of programming and retraining needed for a complete, comprehensive, and robust vaccine ordering and distribution system. Providers already use IIS to document

immunizations administered, send return/reminder notices, and report adverse events. This project will allow providers to use a single tool to also track inventory and order vaccine through an efficient, accountable process.

Outcome measures for this Program Area include:

1. Enhanced and deployed data systems that accommodate placing vaccine orders directly in the IIS per grantee's spend plan or other financial tools; tracking provider inventories including National Drug Code (NDC), lot number, and expiration date; storing provider data including shipping information; and sharing shipping information with providers.

2. Plans for providing the functionality described in #1 above ensuring system security and planning for contingencies if the system becomes unavailable.

3. Trained staff and providers in the use of the new IIS functionality.

4. Improved IIS performance by added database and/or server capacity.

5. Additional technical and operational support for providers who have questions about and issues with the new functionality.

Part II: Enhancing Grantees' Infrastructure to Improve Operations

Program Area 3: Develop strategic plans for billing for immunization services in health department clinics

Vaccinating insured individuals in local health department clinics and billing third-party payers can allow immunization programs to more efficiently manage their funding and thereby reach additional populations or provide additional vaccines that

might not be feasible with existing funds. Funding will aid selected applicants to develop action plans to bill for vaccine administered to fully-insured individuals who are vaccinated in state and local health department clinics. Such plans will enable immunization programs to develop billing systems resulting in savings of program revenue. These savings would enable immunization programs to reach additional populations, provide recommended vaccines that are not currently offered, and may allow programs to address immunization of special under-vaccinated populations with reduced access to vaccination services, such as certain groups of health care providers, racial and ethnic minority populations, adults, and adolescents.

Outcome measures for this Program Area include:

- An executive summary of the proposed action plan.

- Documentation of stakeholders' strong and active support (to include but not limited to payers, insurance commissioners, local health department (LHD), state Medicaid agency, etc).

- Timeline to complete the final plan within 24 months of award.

- Description of original data describing the environment of the grantee as it relates to billing (including, but not limited to, laws and regulations, health department clinic patients' insurance status, payer policies and regulations, and financial analysis of potential return on investment).

- Description of existing resources (e.g., financial, IIS, personnel, communications) that can support a billing program.

- Document results of discussions with third-party payers mechanisms for roster billing or other mechanisms to simplify billing public and private insurance providers to cover program costs, and develop billing methods to bill private and public insurers for vaccine and the administration fee as appropriate.

- Description of anticipated barriers and how they will be addressed.

- Submit a final plan, including a description of appropriate mechanisms to bill private health insurance for immunization services provided to plans' members.

Program Area 4: Implement strategic plans for billing for immunization services in health department clinics

Grantees eligible for assistance in this Program Area include the fourteen grantees already funded to develop plans with ARRA funds and any others that can demonstrate their billing capability. The applicants must demonstrate they have organized and developed relationships with stakeholders, have collected and analyzed data to support implementation of a billing program in their jurisdiction, effectively describe existing resources and barriers to implement a billing program, and show evidence their plan can be successful. Grantees will be expected to use financial support from this FOA to 1) train staff on contracting, billing, credentialing, coding, and other components of billing; 2) provide personnel or contractors to support billing, credentialing, coding, and other components of billing; 3) upgrade IIS systems or development of technology to aid the billing process; and 4) evaluate billing systems, data collection systems, and records management to show efficiency in the billing program.

Outcome measures for this Program Area include:

- Staff trained on contracting, billing, credentialing, coding, and other components of billing.

- Personnel and/or contractors identified to support components of billing, including, but not limited to, contracting, billing, credentialing, and coding.

- Upgraded IIS systems or developed technology to aid the billing process.

- Recovered funds obtained through implementation of new billing procedures.

Program Area 5: Plan and implement adult immunization programs

The recipient activities in this Program Area address several of the major immunization areas in the ACA. To improve adult immunization rates, grantees should describe how they will accomplish two required activities: establishing collaborations with 1) employers and 2) pharmacies to improve immunization of employees and adult customers, respectively; and two of five optional activities: a) working with the state Medicaid agency to ensure all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines are included as preventive benefits for as many enrolled adults as possible; b) working with hospitals in the grantee's jurisdiction to improve implementation of influenza and pneumococcal vaccination at hospital discharge for unvaccinated patients; c) working with community health centers to expand adult vaccination efforts; d) working with health care institutions (e.g., long term care facilities, hospitals, ambulatory care settings) to improve health care worker vaccination rates, and e) working with local health

department clinics, other clinics which serve patients with STDs, and substance abuse programs to promote hepatitis B vaccination. The activities should target alleviating racial and ethnic disparities in adult immunization wherever possible. At least one chosen activity should address improving vaccine uptake for a vaccine other than influenza (e.g., Tdap, pneumococcal polysaccharide). It is anticipated that any measurement systems established with grantee partners will continue after the project period is completed.

Outcome measures for this Program Area include:

- New and/or enhanced grantee relationships with pharmacies resulting in documented increased vaccination of adults.
- New and/or enhanced grantee relationships with employers resulting in documented increased vaccination of their employees.

Optional outcome measures for this Program Area include:

- Inclusion of all ACIP-recommended vaccines in the state's Medicaid program, with payments to providers documented as similar to those paid by Medicare or private insurance plans in the grantee's jurisdiction.
- Documented improved hospital discharge influenza and pneumococcal vaccination rates.
- New or enhanced grantee relationships with community health centers with expanded adult vaccination efforts.

- Improved health care worker influenza vaccination rates at a range of facilities, at a minimum to include hospitals and nursing homes.

- Documented increases in hepatitis B vaccination rates among patients seen at local health department clinics, other clinics caring for STD patients, and substance abuse programs.

Program Area 6: Enhance the sustainability of school-located vaccination

School-located vaccination (SLV) can be used for both routine immunization and in the event of a vaccine-preventable pandemic or other public health emergency. The purpose of this Program Area is to support grantees as they work toward SLV program sustainability by billing third-party payers to recover program costs and using innovative methods to increase program efficiency and success. SLV programs must offer influenza vaccinations, but can offer other vaccinations as well. Funds can be used for purchase of a "seed" stock of private vaccine, program implementation, and evaluation. Vaccine used in the SLV projects and intending to be billed to third-party payers will need to be privately purchased and cannot be purchased using CDC contracts.

Outcome measures for this Program Area include:
- Description of the SLV program to include the number of students enrolled in targeted schools and the number of students vaccinated for influenza and, if applicable, other vaccines.

- Description of those processes that were implemented to address sustainability via billing third-party payers and to generally increase the efficiency and success of

the SLV program. This description should include the utility, usability, success, and cost of these processes.

- Description of VFC eligibility and insurance status of all participating students.

- Report on the number of insurance claims submitted, denied, and reimbursed, including reasons for denial.

- Report on the total amount billed and total amount reimbursed by third parties.

Measurable outcomes of this cooperative agreement will be in alignment with one (or more) of the following performance goals for the National Center for Immunization and Respiratory Diseases:

- Ensure that children and adolescents are appropriately vaccinated

- Increase the proportion of adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This project is authorized under sections 301 and 317 of the Public Health Service Act (PHS Act), 42 USC, 241 and 247b as amended and the Patient Protection and Affordable Care Act (PL 111-148). From the Prevention and Public Health Fund of the Affordable Care Act (ACA), FY 2011 funding is available to support this FOA.

This landmark legislation established a Prevention and Public Health Fund (PPHF) to provide for expanded and sustained national investment in prevention and public health programs to improve health, enhance health care quality, and restrain the rate of growth in private and public sector health care costs. The new legislation escalates the need for improving public health as a priority by investing in public health services improvements, establishment of meaningful and measureable health indicators, and achievement of significant health outcomes.

Purpose

The purpose of this FOA is to assist Section 317 grantees' transitions into a health care environment that is being transformed by the ACA. Section 317 immunization grantees manage the public health workforce that implements and supports immunization practices in the public and private sectors. The ACA has numerous provisions for improving immunization in the public and private sectors. Section 317 grantees (hereafter referred to as "grantees") vary in their preparation for working in the ACA environment. This FOA will offer all grantees the opportunity to address a variety of immunization improvement opportunities offered by the PPHF. This program addresses the "Healthy People 2020" focus area(s) of Immunization and Infectious Diseases.

Program Implementation

Recipient Activities

The recipient activities for each Program Area are provided below. Applicants must submit one application that clearly identifies each Program Area for which they are applying. Program Areas are split into the following two parts.

- Part I: Enhancing Grantees' Immunization Information Systems (IIS)

- Part II: Enhancing CDC Infrastructure to Assist Grantee Operations

Part I: Enhancing Grantees' Immunization Information Systems (IIS) – Recipient Activities

Applicants applying for Part I may apply for Program Area 1 and/or 2, as follows:

Program Area 1: Enhance interoperability between electronic health records (EHRs) and immunization information system (IIS) and reception of HL7 standard messages into IIS

1. Participate in project calls and meetings as follows:

   o   Monthly teleconference calls and/or meetings.

   o   Attend one face-to-face meeting in Atlanta, GA, meeting date and time to be determined at a later date.

2. Develop and submit an implementation plan (as described in the IV.2. Content and Form of Submission section of this announcement) with the application.

3. Develop and submit a sustainability plan with the application that ensures continuation of these activities after the project period ends.

4. Review IIS and ensure that ONC-endorsed EHR-IIS interoperability standards are fully operational by enhancing the current IIS software application if necessary (see Federal Register, Vol. 75, No. 8, January 13, 2010 page 2033, section viii. available from: http://edocket.access.gpo.gov/2010/E9-31216.htm).

5. Attach a master list of all provider practice site EHRs in applicant's geographic jurisdiction with submission of the application.

6. From the master list, identify and provide a listing of large, high-volume immunization provider practice sites using any or all of the EHR vendor products currently providing immunization data directly to the IIS through an electronic interface.

7. Identify the number of large, high-volume immunization provider practice sites that will implement enhancements to their EHR products based on current ONC and CDC best practices or recommendations for inclusion in the implementation plan as requested in section V. Application Content.

8. Conduct pre- and post-interoperability enhancement benchmarking of all measureable outcomes included in this announcement using CDC and ARRA HITECH 317 grantee-developed variables.

9. Work with selected EHR vendors to implement ONC or CDC best practices, install software enhancements, and provide training at the number of provider practice sites identified in #7 above.

10. Ensure verified implementation of EHR-IIS interoperability specifications at each provider practice site.

Program Area 2: Develop a vaccine ordering module in an IIS that interfaces with CDC's VTrckS vaccine ordering and management system

The grantee will develop or enhance an existing vaccine inventory tracking and ordering module for the grantee's IIS. Specific activities will depend on the maturity of the grantee's IIS inventory and ordering capability. The grantee must specify the activities it intends to complete and provide a detailed description of its capacity to carry out each activity. Sample activities include:

1. Implement and/or develop program resources (hardware, software, and personnel) to create or enhance current data systems to accommodate placing vaccine orders directly in the IIS per spend plan or other financial tools; tracking provider inventories including NDC, lot number, and expiration date; storing provider data including shipping information; and sharing shipping information with providers.

2. Develop and implement plans for providing the functionality described in #1 above ensuring system security and planning for contingencies if the system becomes unavailable.

3. Deploy the functionality described in #1.

4. Develop training for grantee staff and providers on use of the new functionality.

5. Improve the performance of the IIS by adding database and/or server capacity.

6. Provide technical and operational support to providers who have questions about and issues with the new functionality.

7. Participate in activities that will benefit other grantees who are implementing IIS inventory and ordering components and VTrckS ExIS interfaces.

8. Submit regular progress reports to include activities completed, software purchased and developed, number of providers tracking inventory and ordering vaccines through the IIS, problems encountered, and proposed solutions.

Part II: Enhancing CDC Infrastructure to Assist Grantee Operations – Recipient Activities

Applicants applying for Part II may apply for Program Area 3, 4, 5 and/or 6, as follows:

Program Area 3: Develop strategic plans for billing for immunization services in health department clinics

Grantees will be expected to conduct the following activities:

1. Develop an executive summary of the proposed action plan.

2. Work with stakeholders and document their strong and active support, (to include but not limited to payers, insurance commissioners, local health department (LHD), state Medicaid agency, etc).

3. Provide a timeline that will result in completion of the plan within 15 months of award.

4. Collect original data describing the landscape of the state as it relates to billing (to include but not limited to, laws and regulations, health department clinic patient insurance status, payer policies and regulations, and financial analysis of potential return on investment).

5. Describe existing resources (financial, IIS, personnel, communications, etc.) that can support a billing program.

6. Describe any anticipated barriers and how they will be addressed.

7. Conduct an assessment of the proposed plan to determine if it will be effective.

8. Provide a final plan that includes a description of appropriate mechanisms to bill private health insurance for immunization services provided to plan members. The plan must include the public health, financial, and other pertinent information that describes how the plan can be successfully implemented in the grantee's jurisdiction.

Program Area 4: Implement strategic plans for billing for immunization services in health department clinics

Grantees eligible for assistance will be required to show that they have organized and developed relationships with stakeholders, have collected and analyzed data to support implementation of a billing program in their jurisdiction, effectively described existing resources and means to overcome barriers to implement a billing program, and show evidence that such a plan can be successful.   Grantees will be expected to use this financial support to conduct the following activities: (data provided should directly support the activities that the grantee proposes in the application)

1. Train staff on contracting, billing, credentialing, coding, and other components of billing.

2. Provide personnel or contractors to support contracting, billing, credentialing, coding, and other components of billing.

3. Upgrade IIS systems or development of technology to aid the billing process.

4. Evaluate billing systems, data collection systems, and records management to show efficiency in the billing program.

Program Area 5: Plan and implement adult immunization programs

To improve adult immunization rates, grantees should describe how they will accomplish the first two required activities below, and two of the five optional activities. The activities should target alleviating racial and ethnic disparities in adult immunization wherever possible. At least one chosen activity should address improving vaccine uptake for a vaccine other than influenza (e.g., hepatitis B, Tdap, pneumococcal polysaccharide). It is anticipated that any measurement systems established with grantee partners will be continued after the project period is completed.

Required activities:

1. Develop or improve state and local public health immunization program relationships with pharmacies, measured by an initial baseline assessment, followed by an increase in the number of pharmacies offering vaccines to adults and billing health insurance with no co pays or deductibles.

2. Develop or improve state and local public health immunization program relationships with employers. The results of these relationships should be measured by an initial baseline assessment, followed by a measurement of

changes in the number of employers who offer vaccination programs. The programs can be in the worksite, or arranged in partnership with pharmacies, mass vaccinators, and/or public health clinics. Ideally, vaccination clinics will accept employers' health insurance as full payment with no co-pays or deductibles.

3. A recipient program staff member will participate in two reverse site visits at CDC headquarters in Atlanta, Georgia, during the first year of award.

Optional recipient activities include (choose two of five):

1. Work with the state Medicaid agency to ensure all ACIP-recommended vaccines are included as preventive benefits for as many enrolled adults as possible.

2. Work with hospitals in the grantee's jurisdiction to improve implementation of influenza and pneumococcal vaccination at hospital discharge for unvaccinated patients. An initial baseline assessment should be made, followed by measurement of changes in vaccine uptake in each participating hospital.

3. Work with community health centers to expand adult vaccination activities. An initial baseline assessment of adult vaccine uptake should be made, followed by measurement of change in vaccine uptake. The assessments should include vaccination rates by age and racial/ethnic group to assess disparities in vaccination rates and improvements made.

4. Work with health care institutions (e.g., long term care facilities, hospitals, ambulatory care settings) to improve health care worker vaccination rates. An initial baseline assessment of health care worker immunization coverage should be made by each facility, followed by measurement of improved vaccine uptake. Grantees choosing this option will be encouraged to work with CDC's

Immunization Services Division staff on health care worker vaccination performance measurement activities with the National Quality Forum (NQF). Currently, CDC's NQF project has activities in California, New Mexico, New York City, and Pennsylvania. To date, only the New York City immunization program is presently participating in this project.

5. Work with local health department clinics and other clinics serving STD patients, and substance abuse programs, in the grantee's jurisdiction to improve patient hepatitis B vaccination rates. The grantee may accomplish this objective by educating staff serving patients in local health department clinics, other clinics serving STD patients, and substance abuse programs regarding the importance of hepatitis B disease, the vaccines available, their benefits and risks, and billing procedures for vaccination, which would allow local health departments, other clinics serving STD patients, and substance abuse programs to recoup vaccine and vaccine administration costs. Vaccine purchase with these funds is not permitted. An initial baseline assessment of adult vaccine uptake should be made, followed by measurement of change in vaccine uptake. The assessments should include vaccination rates by age and racial/ethnic group to assess disparities in vaccination rates and improvements made.

Program Area 6: Enhance the sustainability of school-located vaccination

Successful applicants will implement influenza vaccination (vaccination with additional vaccine is optional) using school-located vaccination (SLV) and targeting students enrolled in elementary, middle, and/or high school. Implementation should occur, to the

degree possible, in the 2011-12 school year and continue in the 2012-13 school year. For grantees choosing to implement SLV only during the 2012-13 school year, the 2011-12 school year can be used as a planning year.

Each grantee will determine which schools or school districts within the jurisdiction to invite to participate, but participation of at least 20 schools is expected. The grantee is encouraged to consider targeting schools in areas with low socioeconomic status in order to increase program penetration through use of Vaccines for Children (VFC) vaccine.

Although one of the purposes of this announcement is for grantees to recover costs of program implementation as well as vaccine through billing third-party payers, grantees will be permitted to use funds for privately purchased vaccine only as a "seed stock." Because sale of vaccine purchased using federal government contracts is strictly prohibited, purchase of vaccine intended to be billed to third-party payers cannot be made using CDC contracts. Therefore, vaccine used in the SLV projects and intending to be billed to third party payers will need to be privately purchased. For those implementing billing during the 2011-12 school year, funds recovered from third-party billing should be used toward vaccine purchases for privately insured students participating in the SLV program planned for the 2012-13 season. For those implementing billing during the 2012-13 school year, funds recovered from third-party billing should be used toward vaccine purchases in future years. No more than 50% of the budget can be used for purchase of seed vaccine. The remainder of the budget should support implementation, evaluation activities, and activities to explore and implement mechanisms to successfully

and efficiently bill third-party payers for vaccination services and/or other non-billing procedures and products to improve the success and efficiency of SLV such as, but not limited to, purchase, subscription, or development of interface software for entering immunization records into immunization information systems/provider EHRs.

Activities will include, but are not limited to:

1. Building on previous SLV experience, conduct an SLV program that includes the following basic activities/features, plus new and innovative enhancements that increase the sustainability, efficiency, and success of the program:

    a. Partner with state and/or local health departments, school personnel, school governance organizations, parent-teacher associations, community vaccinators, and/or other key stakeholders as needed to plan, promote, and conduct an SLV program. Consideration should be given to staffing arrangements that are acceptable and efficient, but also cost-saving (e.g., strategic use of volunteers and public/private partnerships).

    b. Secure either parental consent or refusal with a goal of having at least 50% of targeted students with completed consents. Innovative approaches, such as those that might involve parent and other key stakeholder education and/or on-line consent, are encouraged.

    c. Screen for VFC eligibility in order to use VFC vaccine only for eligible children.

d. Offer influenza vaccine—either live, attenuated influenza vaccine (LAIV) and trivalent inactivated vaccine (TIV) or TIV only--to all enrolled and eligible students in participating schools.

e. Assess vaccine eligibility and history (e.g., via parental report, immunization information systems (IIS)).

f. Screen children to determine whether additional doses of vaccines are required. Additional doses can be offered, or students should be directed to health departments or private providers for receipt of the additional dose.

g. Enter SLV data (e.g., doses administered) into the IIS following the SLV clinic. If this process is not already efficient and optimized, the development of new/innovative methods of electronic data transfer is encouraged.

h. Inform vaccinated students' primary health care providers of vaccination received at school (e.g., by updating the IIS or by direct correspondence).

i. In the case of consented children not being vaccinated, inform parents that their child was not vaccinated.

2. Explore and implement mechanisms to successfully and efficiently bill third-party payers for vaccination services (i.e., receipt of non-VFC vaccine and vaccine administration) rendered. Especially for grantees with some experience billing, innovative approaches are encouraged, such as those that might involve roster billing, proportional reimbursement, pre-arranged

contracts with individual payers, partnerships/arrangements with the state insurance commissioners, and the creation of coalitions to facilitate interactions with payers.

3. Submit monthly, detailed progress reports with up-to-date descriptions of SLV program activities/systems development. These reports should include the following topics, for example: partnerships, consent process, consent response rate, software purchased and developed, commercial billing/claims services used, commercial community vaccinators used, vaccine doses ordered and used, vaccine coverage in targeted schools/communities, success with claim reimbursements, and cost estimates for billing and other innovative processes.

4. Conduct an evaluation of the SLV program that includes at least the following measures. If multiple types of vaccines are offered, please evaluate by vaccine type, as applicable. [Note that the grantee must ensure that: staff with responsibility for conducting the evaluation is adequately qualified. Partnership with outside institutions (e.g., a university) is permissible.]:

   a. Consent response rate (optional evaluation of method(s) or reasons for parental non-consent)

   b. SLV program student participation (number of students vaccinated divided by total student enrollment)

   c. Number of vaccine doses ordered and used

   d. Summary of usability, utility, success, and cost of software used or developed for billing, IIS interface, consent, and other functions as indicated.

e. Summary of insurance status for all participating students (e.g., among students with completed insurance information, number with private vs. public insurance, number uninsured, number underinsured)

f. Number of participating students who are VFC-eligible

g. Number of claims submitted to public and private payers

h. Number of claims reimbursed from public and private payers

i. Among claims that were denied, summary of the reasons for denial and assessment of possible solutions

j. Total amount billed and total amount reimbursed by third parties

k. Total cost to bill third party payers.

l. Reimbursed and unreimbursed costs of the program

m. Summary of lessons learned about efforts to increase the sustainability, efficiency, and success of SLV.

n. Optional evaluation measures, such as: School absenteeism, influenza-like illness, influenza-related hospitalizations, or more specific outcomes in the targeted schools and communities.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

Part I: Enhancing Immunization Information Systems (IIS) – CDC Activities

Program Area 1: Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS

CDC will provide technical and operational support to ensure award recipients make timely and successful progress to meet the goals and objectives of the EHR-IIS Enhanced HL7 Interoperability Program Area.

1. Review and comment on award recipients' proposed implementation plan and identify gaps.

2. Monitor grantee progress in meeting its milestones. Identify challenges through conference calls, project status reports, implementation plan, milestone checklist, and budget expenditures.

3. Provide technical assistance in awardees' implementation, budget and evaluation activities, as needed.

4. Develop and provide evaluation variables to achieve the outcomes identified in this FOA.

5. Conduct site visits to provide enhanced technical assistance and address challenges/barriers.

6. Review and provide comments on grantee's local HL7 implementation guide.

Program Area 2: Develop a vaccine ordering module in IIS that interfaces with CDC's VTrckS vaccine ordering and management system

1. Provide copies of the VTrckS ExIS technical specifications.

2. Provide support to examine test files for import into VTrckS.

3. Provide technical assistance in the form of information, facilitation support, educational and best practice materials.

Part II: Enhancing CDC Infrastructure to Assist Grantee Operations – CDC Activities

Program Area 3: Develop strategic plans for billing for immunization services in health department clinics AND Program Area 4: Implement strategic plans for billing for immunization services in health department clinics

1. Provide technical assistance in setting program priorities, implementing and evaluating project activities.
2. Facilitate the communication between programs to problem solve and collaborate on program development.
3. Monitor the recipient's performance of program activities and progress toward program goals.

Program Area 5: Plan and implement adult immunization programs

1. Provide technical assistance in implementing activities, identifying effective programs, and assistance with setting program priorities.
2. Assist in the review of relevant immunization information.
3. Provide assistance in the evaluation of each plan component (process and outcome) through the analysis and interpretation of coverage and other relevant data.

4. Facilitate the transfer of successful prevention interventions and program models to other areas through meetings of grantees, workshops, conferences, newsletters, and communications with this project area's project officer(s).

5. Facilitate partnering to enhance the exchange of program information and technical assistance between community organizations, state and local health departments, coalitions, and national and regional organizations. These may include, but not be limited to, groups such as the National Association of Chain Drug Stores, the National Business Group on Health, the Visiting Nurse Associations of America, the American Hospital Association, the American Association of Health Services for the Aging, and the American Health Care Association.

6. Facilitate communication with federal agencies such as the Centers for Medicare and Medicaid Services regarding Medicaid, and the Health Resources and Services Administration regarding federally qualified health centers and rural health centers.

Program Area 6: Enhance sustainability of school-located vaccination

1. Provide an interface, as appropriate and desired by grantees, between CDC's Division of Adolescent and School Health, Immunization Services Division, and Influenza Division, as well as the U.S. Department of Education and other relevant federal agencies.

2. Facilitate partnering to enhance the exchange of program information and technical assistance between community organizations, state and local health departments, coalitions, and national and regional organizations.

3. Develop metrics that can be used to demonstrate progress toward goals.

4. Provide technical assistance in setting program priorities, implementing and evaluating project activities.

5. Sponsor meetings/teleconferences of recipients to present accomplishments and discuss problems/concerns.

6. Initiate the development of standard reporting framework to be used at all sites.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: H23 – Immunization Projects

Fiscal Year Funds: 2011

Approximate Current Fiscal Year Funding: $75,750,000

Approximate Total Project Period Funding: $75,750,000 (This amount is an estimate, and is subject to availability of funds.) This includes direct and/or indirect costs. The government reserves the right to adjust award amounts for various Program Areas as public health priorities change. Funding awarded during the initial award is intended to cover the entire 24-month project period. CDC does not anticipate additional funding beyond the initial award amounts.

Part I: Enhancing Immunization Information Systems (IIS)

Approximate Number of Awards: This will depend on the number and quality of applications for each Program Area and the available funding for each Program Area.

Program Area 1:   **Approximate Funding Available:** $20,800,000

                     Average Amount of Award: $900,000

                     Floor of Individual Award Range: $600,000

                     Ceiling of Individual Award Range: $1,000,000

                     Estimated Number of Awards: 20

Program Area 2:   **Approximate Funding Available:** $12,700,000

                     Average Amount of Award: $536,000

                     Floor of Individual Award Range: $200,000

                     Ceiling of Individual Award Range: $800,000

                     Estimated Number of Awards: 22

Part II: Enhancing Grantees' Infrastructure to Improve Operations

Approximate Number of Awards: This will depend on the number and quality of applications and the available funding for each Program Area.

Program Area 3:   **Approximate Funding Available:** $8,000,000

                     Average Amount of Award: $500,000

                     Floor of Individual Award Range: $100,000

                     Ceiling of Individual Award Range: $600,000

                     Estimated Number of Awards: 16

Program Area 4:   **Approximate Funding Available:** $7,250,000

                     Average Amount of Award: $750,000

                     Floor of Individual Award Range: $100,000

                     Ceiling of Individual Award Range: $1,200,000

Estimated Number of Awards: 9

Program Area 5:   **Approximate Funding Available:** $15,000,000

Average Amount of Award: $1,000,000

Floor of Individual Award Range: $250,000

Ceiling of Individual Award Range: $2,000,000

Estimated Number of Awards: 13

Program Area 6:   **Approximate Funding Available:** $12,000,000

Average Amount of Award: $1,200,000

Floor of Individual Award Range: $500,000

Ceiling of Individual Award Range: $5,000,000

Estimated Number of Awards: 10

Anticipated Award Date: May 31, 2011

Budget Period Length: 12 months

Project Period Length: 24 months

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government.

III. ELIGIBILITY INFORMATION

Eligible Applicants

Limited Competition

Eligible applicants that can apply for this funding opportunity are listed below:

Only the current 64 grantees currently funded under RFP-IP08-803 are eligible applicants for this funding because those grantees have the necessary infrastructure in place to perform the activities required and have the experience needed to successfully complete the required functions. All current 64 grantees may apply for Program Areas 3, 4, 5, and 6. Special requirements apply to Program Areas 1 and 2 as provided later in this section. Eligible applicants or their bona fide agents that can apply for **Program Areas 3, 4, 5, and 6** of this funding opportunity are listed below:

- All 50 U.S. states

- District of Columbia

- Commonwealth of Puerto Rico

- Virgin Islands

- Commonwealth of the Northern Mariana Islands

- American Samoa

- Guam

- Federated States of Micronesia

- Republic of the Marshall Islands

- Republic of Palau

- Chicago

- Houston

- New York City

- Philadelphia

- San Antonio

A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms" when submitting via www.grants.gov.

Eligible Applicants for Program Area 1: Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS

To address the purpose and measurable outcomes of the EHR-IIS Enhanced Interoperability Section, only CDC Immunization Program grantees that have implemented an IIS and have filed an IISAR for 2010 are eligible to apply to the EHR-IIS Enhanced Interoperability Program Area. Competition is limited to the Section 317 Immunization Program grantees that *have not* received HITECH/ARRA 317 funding under CDC-RFA-IP10-1002ARRA10, Enhancing the Interoperability of Electronic Health Records (EHR) and Immunization Information Systems (IIS). **Therefore, only the following grantees are eligible:** Alabama, Alaska, Arkansas, California, Connecticut, Delaware, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Missouri, Nebraska, Nevada, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, San Antonio, South Carolina, Tennessee, Vermont, Virginia, and West Virginia.

Eligible Applicants for Program Area 2: Develop a vaccine ordering module in an IIS that interfaces with CDC's VTrckS vaccine ordering and management system

To address the purpose and successful outcomes of this project, only CDC Immunization Program grantees that have indicated they presently do, or will in the near future, support online ordering from their IIS, which they must document in their application, are eligible to apply. Grantees that will benefit most are those that already have or that have near-term plans for a vaccine ordering and inventory tracking module at the NDC, lot number, and expiration date level.

Required Registrations

Registering your organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the "Get Registered" screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The "one-time" registration process will take three to five days to complete. However, the Grants.gov registration process also requires that you register your organization with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. You are required to maintain a current registration in CCR.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for

Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at **www.ccr.gov**.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

Special Requirements:

> **Program Area 5: Plan and implement adult immunization programs**
>
> Applicants must provide letters of support from pharmacy and employer groups in the grantee's jurisdiction.
>
> **Program Area 6: Enhance sustainability of school-located vaccination**
>
> Applicants must upload under "Letters of Support" evidence of prior experience conducting SLV clinics and evidence of in-house or partnership-based capacity to evaluate impact of programmatic changes implemented.
>
> Applicants must plan to conduct SLV for at least the 2012-2013 school year utilizing lessons learned during the current project period.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

Special Guidance for Technical Assistance for Activity 1: EHR-IIS Enhanced HL7 Interoperability AND Activity 2: Develop a vaccine ordering module in an IIS that interfaces with CDC's VTrckS vaccine ordering and management system

Technical assistance will be available for potential applicants via a one-hour conference call. This conference call will help potential applicants understand a) the scope and intent of this FOA and the PPHF funding and b) the Public Health Service policies and procedures for application, review, and funding under this FOA.

Two calls will be conducted, one morning and one afternoon, to accommodate varying schedules and time zones. These calls will be conducted very soon after this FOA is published. Specific dates, times, and call-in instructions will be sent to all eligible applicants in a separate communication from CDC.

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Applicants must submit one application and indicate the Program Area(s) for which applying in the cover page. Unless specifically indicated, this announcement requires submission of the following information: 1) table of contents, 2) cover letter, 3) abstract, 4) project narrative, and 5) budget. Items 3 through 5 are required for each Program Area for which the applicant applies.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm

Table of Contents

A table of contents listing all application sections and appendices must be included with the application. The table of contents **will not count** toward the page limit of the project narrative.

Cover Letter

A cover letter is required with the application. The cover letter must contain the following information:

- The applicant's name, address, and the name of the business official.

- A statement about which Program Areas the applicant is applying for (1-6).

The cover letter must be written in the following format:

- Maximum number of pages: 2

- Font size: 12 point unreduced, Times New Roman

- Single-spaced

- Paper size: 8.5 by 11 inches

- Page margin size: one inch

- Print only on one side of the page.

Letter of Intent (LOI):

Prospective applicants are requested to submit a letter of intent that includes the following information:

- Descriptive title of proposed project.

- Name, address, and telephone number of the Principal Investigator/Project Director.

- Names of other key personnel.

- Participating institutions.

- Number and title of this funding opportunity.

- Program Areas (1-6 as described in this FOA) for which the applicant plans to
  apply for funding

LOI Submission Address: Submit the LOI by express mail, delivery service, fax, or E-mail to:

> Ms. Jocelyn Dudley
> CDC, NCHHSTP/OD/ERPO
> 1600 Clifton Road, NE, Mailstop E-60
> Atlanta, GA 30329
> Telephone: 404-498-2277
> Fax: 404-498-2626
> E-mail address: enrt@cdc.gov

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate and plan the review of submitted applications.

Requested LOIs should be provided not later than by the date indicated in Part I "Overview Information," subheading "Key Dates."

A **Project Abstract for each Program Area** for which the applicant applies must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and

methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

A **Project Narrative for each Program Area** for which the applicant applies must be submitted with the application forms. Please note that the Project Narrative requirements vary by Program Area. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: 25 per Program Area. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.

- Font size: 12 point unreduced, Times New Roman

- Double-spaced

- Page margin size: One inch

- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

Part I, Program Area 1: Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed.

1. **Implementation Plan:** The Implementation Plan describes how IIS-EHR interoperability improvements will be deployed, installed and transitioned into the health care provider environment. The plan contains an overview of the IIS and EHRs, a description of the major tasks involved in the implementation, the overall resources needed to support the implementation effort (such as hardware, software. facilities, materials, and personnel), and any provider site-specific implementation requirements. The plan should include, at a minimum:

   a. Objectives that are specific, measurable, achievable, and realistic and can be achieved within the funding period.

   b. Major tasks. At a minimum, the major tasks include the following:

      i. An implementation team to provide overall planning and coordination for the implementation

         1. Performing provider site surveys and identifying sites to be enhanced, prior to and during implementation

         2. Developing and assuring all documents and manuals applicable to the implementation effort; such as HL7 interface specifications, training documents, test protocols; are available to EHR vendors and provider sites prior to implementation

         3. Developing testing protocols

         4. Developing and implementing an evaluation plan

         5. Collecting provider data lists and for pre- and post-enhancement benchmarking

ii. Training for the implementation team

iii. Acquiring special hardware or software, if needed

iv. Preparing site facilities for implementation

    1. Generating pre- and post-enhancement benchmarking data

    2. Determining training needs for EHR and provider site personnel and providing training

    3. Implementing test protocols and ensuring verified implementation of interoperability specifications at each site

    4. Providing all needed technical assistance to providers and EHR vendors, such as jointly developing project plans with timelines

    5. Developing an evaluation plan to measure success and lessons learned

c. Implementation schedule (timeline) for reaching each objective and milestone.

d. Method of evaluating success or accomplishment of each objective and milestone.

e. Staffing Plan (implementation team) to include key person(s) responsible for the implementation task. Identify staff members by name and title.

f. Resources and budget required to accomplish the task.

The Implementation Plan should be updated with a final version used for guidance prior to the Implementation Phase.

2. **A master list of all provider practice site EHRs in applicant's geographic jurisdiction**.

3. **Sustainability Plan:** The Sustainability Plan describes how IIS-EHR interoperability improvements will continue to be deployed, installed and transitioned into the health care provider environment after the period of performance for this project ends. The Sustainability Plan should be updated with a final version six months prior to the end of the project.

4. **Budget justification** (not counted in the page limit).

Part 1, Program Area 2: Develop a vaccine ordering module in an IIS that interfaces with CDC's VTrckS vaccine ordering and management system

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed.

1. **Plan:** One or more objectives that address the required activity. Each objective must be specific, measurable, achievable, and realistic and one that can be achieved in the funding period. For each objective, provide:

   a. The functional enhancements or updates to the system or other activity to be undertaken to accomplish each objective

   b. The timeline for reaching each objective

   c. The method of evaluating the success or accomplishment of each objective

   d. A staffing plan that demonstrates an understanding of the labor needed to accomplish each activity.

2. **Budget justification** (not counted in the page limit)

Part II, Program Area 3: Develop strategic plans for billing for immunization services in health department clinics

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed.

1. **Statement of the problem:** An overview of the current use of 317 vaccine in public health clinics as it relates to billing, a description of existing resources (financial, IIS, personnel, communications, etc.) and resources that are expected to be needed to implement the plan. Specifically identify, if able, the numbers of insured children seeking vaccine services in health departments and extrapolate what quantity of funds may be recoverable through a billing program.

2. **Plan:** One or more objectives that address the identified problem. Each objective must be specific, measurable, realistic, attainable, relevant and time-oriented) within the funding period. For each objective, provide:

   a. The activity or activities to be undertaken to accomplish each objective

   b. A staffing plan that demonstrates an understanding of the labor and qualifications needed to accomplish each activity. Identify staff members by name and title.

   c. The timeline for reaching each objective.

3. **Staffing Plan:** Provide an overview of the personnel that will be conducting each proposed activity, the background and experience of the personnel, and how they will operate to effectively implement this program.

4. **Evaluation Plan:** The method of assessing the success or progress of each objective.

5. **Budget Justification** (not counted in the page limit): Travel to the 2011 and 2012 annual Program Managers' Meeting, and National Immunization Conference, and other meetings should be included in the application budget.

Part II, Program Area 4: Implement strategic plans for billing for immunization services in health department clinics

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed.

1. **Background for Implementation Plan:**

   - List of stakeholders that were involved with the development of an implementation plan and document their strong active support, (to include but not limited to payers, insurance commissioners, LHD, state Medicaid, etc).

   - An overview of the data collected in a planning process that describes the landscape of the state as it relates to billing (to include but not limited to, laws and regulations, health department clinic patient insurance status, payer policies and regulations, and financial analysis of potential return on investment).

   - Describe existing resources (financial, IIS, personnel, communications, etc.) that can support a billing program.

   - Describe any anticipated barriers and how they will be addressed.

- Results of any assessment used to determine if the existing plan will be effective.

2. **Implementation Plan:** One or more objectives that outline steps identified in the Implementation Plan. Each objective must be specific, measurable, attainable, relevant and time-oriented). For each objective, provide:

   a. The activity or activities to be undertaken to accomplish each objective

   b. A staffing plan that demonstrates an understanding of the labor and qualifications needed to accomplish each activity. Identify staff members by name and title.

   c. The timeline for reaching each objective.

3. **Staffing Plan:** Provide an overview of the personnel that will be conducting each proposed activity, the background and experience of the personnel, and how they will operate to effectively implement this program.

4. **Evaluation Plan:** The method of assessing the success or progress of each objective

5. **Budget Justification** (not counted in the page limit): Travel to the 2011 and 2012 annual Program Managers' Meeting, and National Immunization Conference, and other meetings should be included in the application budget.

Part II, Program Area 5: Plan and implement adult immunization programs

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

1. **Statement of the problem**: An overview of the current activities with pharmacies, employers, and the two sets of partners identified in the chosen two additional activities; a description of existing resources (e.g., financial, IIS, personnel, communications) identified as necessary to implement the plan.

2. **Plan**: One or more objectives that address the each of the chosen five options. Each objective must be specific, measurable, realistic, and achievable within the funding period. For each objective, provide:

    a. The activity or activities to be undertaken to accomplish each objective

    b. A staffing plan that demonstrates an understanding of the labor and qualifications needed to accomplish each activity. Identify staff members by name and title.

    c. The timeline for reaching each objective.

3. **Evaluation Plan**: The method of assessing the success or progress of each objective in each chosen activity should be thoroughly presented.

4. **Budget justification** (not counted in the page limit): Funding for necessary travel should be included in the application budget. Applicants should budget for a program staff member to participate in two reverse site visits at CDC headquarters in Atlanta, Georgia, during the first year of award. In addition, applicants may include in the application budget staffing and positions to support the increased reporting requirements outlined in the ACA.

Part II, Program Area 6: Enhance the sustainability of school-located vaccination

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

1. **Background and Need**

   a.   Discuss SLV program planned for the 2011-12 and/or 2012-13 influenza season targeting school-aged children in the applicant's jurisdiction

      i.   Briefly summarize the proposed SLV program and justify why the program is appropriate

      ii.   Describe schools/districts and the corresponding communities where the SLV program will be targeted

      iii. Describe plans to work with private partners to implement the program (e.g., commercial community vaccinators), if such plans exist

      iv.   Describe additional types of vaccines offered, if such plans exist

      v.   Estimate the number of children likely to be vaccinated

      vi.   Explain why the proposed target population was selected

      vii. If not conducting SLV clinics during 2011-12, discuss planning activities to occur during this time. This should include:

         i.   Planning for SLV clinic implementation

         ii. Planning to determine appropriate mechanisms to bill third-party payers during the SLV clinics conducted during the 2012-13 influenza season, such as exploring with third-party payers mechanisms for roster billing or other mechanisms to simplify billing public and private insurance providers to cover program costs, and develop billing methods to bill private and

public insurers for vaccine and the administration fee as appropriate.

  iii. Plans to investigate ways to increase the efficiency and success of SLV, including acquisition of software and other technology infrastructure software used for billing, IIS interface, consent, and other functions, as indicated

  iv. Partnership building

2. **Accomplishments and Proven Capacity**

 a. Describe experience with SLV (e.g., SLV clinics/campaigns undertaken in the past, including vaccines offered, age groups targeted, participation rates if available, purpose of the clinic [e.g., outbreak control, new school mandate]), schools/districts where the clinics were held, whether you worked with a private partner (e.g., community vaccinator), whether you billed third-party payers, when the clinics were held, and who was responsible for providing vaccinations).

 b. Describe other (non-SLV) mass vaccination activities conducted and any new systems or enhancements implemented between 2009-present that will inform the current project.

 c. Describe the capacity of the targeted schools/districts, including proposed locations of vaccination activity (gym, school clinic, etc.), available staffing (if school staff will be used for these activities) and the proposed roles for school staff.

d. Describe billing systems, electronic disease reporting, electronic staff and student attendance systems, electronic immunization information systems, and other applicable automated databases currently in use, and how these will be used in the proposed project.

e. Describe prior experience, if any, with utilizing commercial billing products or firms, batch billing, pre-negotiating payments with insurance providers, and other non-traditional or innovative approaches to billing.

f. Describe the health agency's current relationship with schools/local education agencies (LEAs) in the targeted area, and the relationship with the state education agency (SEA), including any funding relationships.

3. **Staffing plan:** Describe the current staff who will be involved and any new staff who will be hired to support this project. Describe how these staff will be involved in this project, their responsibilities, percentage of time committed to the project, and how they will be retained. Include staff support for the LEAs/schools/SEA as appropriate. If a private partner (e.g., a commercial community vaccinator) is to be used for clinic implementation, provide information on past interactions with this vendor and vendor's community vaccination clinics. Provide letter of agreement from private partner, if applicable.

4. **Project Work Plan**

Describe plans for program logistics, including:

a. Approximate dates SLV clinics will be conducted

b. Plans for SLV clinics in future years and indication of how reimbursements acquired from third-party payers will be utilized in subsequent years

c. Total numbers and types of vaccines needed to vaccinate target populations, and information about numbers and types of VFC vaccines and non-VFC vaccines to be used, along with an explanation of how this estimate was made.

d. A timeline with milestones necessary for planning and implementation

e. Any anticipated barriers or resistance and how they will be addressed

f. Letters of support which indicate collaborators' (SEAs, LEAs, school boards, parent teacher associations, local health departments, health departments from other states, etc) commitment to participate in these activities with your agency and their specific roles in the SLV clinic, as well as a description of these collaborators' history of partnering with public health in funded and unfunded relationships.

g. A description of the method for obtaining parental consent

h. A description of how Vaccine Information Statements will be distributed

i. A description of how screening for medical contraindications will be conducted to determine medical eligibility for vaccination

j. A description of the method for recording vaccination history and communicating with/updating providers on vaccines given during the SLV program

k. A description of how an immunization information system will be used

l. A description of commercial services to be used for claims filing, roster bill uploading, and other billing-related activities, if applicable

m. A description of plans for purchase, subscription, or development of interface software for billing public and private payers

n. A description of plans for purchase, subscription, or development of interface software for entering immunization records into immunization information systems/provider EHRs

o. A plan for prevention of post-immunization syncope-related injuries

p. A description of how adverse events following immunization will be identified, managed, reported, and followed, including how adverse events will be reported to the Vaccine Adverse Event Reporting System (VAERS).

5. **Measures of Effectiveness:** Describe how success will be measured for this project, including plans to assess:

    a. consent response rate

    b. vaccine doses ordered and used

    c. SLV program student participation (number of students vaccinated divided by total student enrollment)

    d. usability, utility, success, and cost of software used or developed for billing, IIS interface, consent, and other functions as indicated

    e. insurance status for all participating students (e.g., among students with completed insurance information, number with private vs. public insurance, number uninsured, number underinsured)

    f. number of participating students who are VFC eligible

    g. percent of children for whom claims were filed with public or private payers

    h. reimbursement rate for filed claims with public and private payers

    i. total amount billed and total amount reimbursed by third parties

    j. total cost to bill third-party payers

    k. reasons for denied claims and assessment of possible solutions

    l. summary of lessons learned about efforts to increase the sustainability, efficiency, and success of SLV.

6. **Budget justification** (not counted in the page limit):

    a. The floor and ceiling of the individual awards under this announcement pertain to the operations funding. Grantees will be provided purchased vaccines according to the projected need and usage.

    b. The applicant must provide a staffing plan.

    c. Travel to the November 2011 Program Managers' Meeting, the 2012 National Immunization Conference, and up to two other meetings as needed, for the person or persons providing direction and oversight and/or data analysis for this activity. This funding should only cover travel that is not otherwise covered for the same staff funded by the Immunization and Vaccines for Children grant program (IP08-803).

    d. Please include in budget request:

      i. Salaries

     ii. Contractual support (staffing needs, commercial vaccinator services, software development, evaluation support, etc.)

    iii. Number, types, and cost of vaccine doses to be administered

      iv. Supply and equipment expenses (includes vaccine-related supplies and computers if needed)

      v. Personnel and supplies support for schools/LEAs

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. Additional information submitted via Grants.gov should be uploaded in a PDF file format, and should be named:

- *Curricula vitae* or résumés

- Organizational chart(s)

- Letters of support

- Indirect cost rate agreement

- Supporting data

No more than 10 electronic attachments should be uploaded per Program Area. Additional requirements for additional documentation with the application are listed in Section VI. Award Administration Information, subsection entitled "Administrative and National Policy Requirements."

Submission Dates and Times

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible

for review and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: April 13, 2011

Application Deadline Date: May 9, 2011, 5:00 pm Eastern Standard Time.

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Funding Restrictions

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Reimbursement of pre-award costs is not allowed.

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take <u>as long as two (2) business days</u>. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within <u>two (2) business days</u> of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application

Applications must be submitted electronically at www.Grants.gov. Electronic

applications will be considered as having met the deadline if the application has been

successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Applicants can

complete the application package off-line, and then upload and submit the application via

the Grants.gov Web site. The applicant must submit all application attachments using a

PDF file format when submitting via Grants.gov. Directions for creating PDF files can

be found on the Grants.gov Web site. Use of file formats other than PDF may result in

the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically

time/date stamped and assigned a tracking number. The AOR will receive an e-mail

notice of receipt when Grants.gov receives the application. The tracking number serves to

document submission and initiate the electronic validation process before the application

is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should

contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24

hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact

Center provides customer service to the applicant community. The extended hours will

provide applicants support around the clock, ensuring the best possible customer service

is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-

518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CDs or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to GMO/GMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of this FOA **IP11-1107PPHF11**. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria based on the Program Area(s) for which the applicant applies:

Part I, Program Area 1: Enhance interoperability between electronic health records (EHRs) and Immunization Information Systems (IIS) and reception of HL7 standard messages in IIS

1. **Plan description (50 points)**: Is the plan adequate to fully address each of the required elements listed in Section I of this Announcement including specific and measurable objectives and activities to meet those objectives? The plan must contain: a description of the implementation that addresses all the expected activities described in the FOA; objectives that are specific, measurable, achievable, realistic and can be achieved within the funding period; a milestone checklist describing all major tasks and sub-task activities in support of objectives; an implementation schedule or timeline for reaching each milestone and objective; a method of evaluating success or accomplishment of each milestone and objective (see criteria #2 below); a staffing plan to include key person(s) responsible for tasks; and a detailed description of the resources and budget required to accomplish the task.

2. **Evaluation (20 points):** a distinct method of evaluating success or accomplishment of each objective and milestone should be proposed and followed. Does the implementation plan include milestones, tasks and sub-task activities for each objective that are specific; measurable; achievable; and realistic, and can be completed within the funding period? Are sufficient/adequate staffing resources allocated to conduct the evaluation?

3. **Capacity (30 points):** Does the implementation plan identify adequate staff that demonstrates applicant understanding of the labor resources needed to accomplish

the stated objectives and related activities? Do proposed staffing resources have prior experience in their proposed implementation role? Are staff roles clearly defined? As described, will staff be sufficient to accomplish the identified program goals? To what extent does applicant propose using existing staff versus new and/or existing contracts or hiring of new staff to accomplish stated objectives? Does the implementation plan demonstrate the capacity to spend requested funds within the period of performance? Does the applicant demonstrate the capacity to sustain IIS-EHR interoperability improvements after the period of performance for this project ends?

4. **Budget and Justification (required but not scored)**: Applicants may include in the application budget staffing and positions.

Part I, Program Area 2: Develop a vaccine ordering module in an IIS that interfaces with CDC's VTrckS vaccine ordering and management system

1. **Plan description (60 points):** Does the plan describe in sufficient detail the functionalities the IIS currently provides with respect to inventory tracking and online ordering? How consistent is the plan with approved software development methodologies? How many of the typical software development artifacts does it include (e.g., needs analysis, competitive analysis of solutions that provide needed functionality, requirements document, design document, test plan, contingency / disaster recovery plan, operations and management plan, systems security plan, training plan, implementation plan)? Does the plan state intentions to provide critical aspects of the system (i.e., the abilities to generate a date for each order;

generate a unique order ID for each order; generate a unique line number for each item in an order; associate an NDC with each item in an order; associate a VFC PIN with an order ID; associate a priority reason with a priority order; associate an ordering intention with an order; associate a funding code with a direct ship order; associate a state purchase order number with an order; and track inventory by NDC, lot number, and expiration date)? Will the finished system be able to export master provider data, inventory information, and orders in the format specified by the CDC? Will the proposed system be able to import shipment information for grantee and provider use? Does the plan include performance measures (e.g., target time for a provider to place an order or to update inventory)? Is the plan complete, sound, and practical?

2. **Capacity (30 points):** Does the plan fully describe existing resources to lay the framework for this project? Is the planned staffing adequate and does it demonstrate an understanding of the labor needed to accomplish the stated objectives and related activities? Do staff members have appropriate experience? Are the staff roles clearly defined?

3. **Target selection (10 points):** Are sufficient numbers of providers served? What are the number and percentage of providers who will be able to track inventory and to order vaccines online through the IIS? What are the number and percentage of providers who will have access to vaccine shipping information through the IIS?

4. **Budget and Justification (required but not scored):** Applicants may include in the application budget staffing and positions.

Part II, Program Area 3: Develop strategic plans for billing for immunization services in health department clinics

1. **Background for Implementation Plan (20 points):** Has the applicant described the current policy for use of 317 vaccines in public health clinics? Has the applicant described the resources that currently exist and outlined the resource needs required to bill for immunization services in health department clinics?

2. **Implementation Plan description (50 points):** Is the plan adequate to fully address each of the required elements listed in Section I of this Announcement including specific and measurable objectives and activities to meet those objectives? Is the plan complete, sound, and practical? Does the plan include a timeline of milestones to be used to track the development of a billing plan? Does it include process measures? Has the applicant provided a description of planning efforts to obtain strong stakeholder support from those entities that will be instrumental in the implementation of a successful program?

3. **Capacity (20 points):** Is the staffing plan adequate and does it demonstrate an understanding of the labor needed to accomplish the stated objectives and related activities? Do staff members have appropriate experience? Are the staff roles clearly defined? As described, will staff be sufficient to accomplish the identified program goals? Has experience been demonstrated in establishing working relationships between the immunization program and traditional and non-traditional partners and coalitions? Does the applicant have the capacity to implement a plan once it has been developed?

4. **Evaluation (10 points):** Has the grantee described process and outcome measures that will evaluate the success of the proposed activities?

5. **Budget and Justification:** Reviewed, but not scored.

Part II, Program Area 4: Implement strategic plans for billing for immunization services in health department clinics

1. **Background for Implementation Plan (50 points):** Has the applicant provided:

    a) List of stakeholders that were involved with the development of an implementation plan and document their strong active support, (to include but not limited to payers, insurance commissioners, local health department, state Medicaid agency, etc).

    b) An overview of the data collected in a planning process that describes the landscape of the state as it relates to billing (to include but not limited to, laws and regulations, health department clinic patient insurance status, payer policies and regulations, and financial analysis of potential return on investment).

    c) Description of existing resources (financial, IIS, personnel, communications, etc.) that can support a billing program.

    d) Description of any anticipated barriers and how they will be addressed.

    e) Results of any assessment used to determine if the existing plan will be effective.

2. **Plan description (20 points):** Is the plan adequate to fully address each of the required elements listed in this announcement including specific and measurable

objectives and activities to meet those objectives? Is the plan complete, sound, and practical? Does the plan include a timeline of milestones to be used to track the development of a billing plan?

3. **Capacity (20 points):** Is the staffing plan adequate and does it demonstrate an understanding of the labor needed to accomplish the stated objectives and related activities? Do staff members have appropriate experience? Are the staff roles clearly defined? As described, will staff be sufficient to accomplish the identified program goals? Has experience been demonstrated in establishing working relationships between the immunization program and traditional and non-traditional partners and coalitions? Does the applicant have the capacity to implement a plan once it has been developed?

4. **Evaluation (10 points)**: Has the grantee provided process and outcome evaluation measures that will determine effectiveness of the proposed activities?

5. **Budget and Justification:** Reviewed, but not scored.

Part II, Program Area 5: Plan and implement adult immunization programs

1. **Statement of need (15 points)**: Has the applicant described the current policies and activities with pharmacies, employers, and other partners to improve adult immunization rates? Has the applicant described the resources that currently exist and outlined the resource needs required to accomplish this project?

2. **Plan description (60 points):** Is the plan adequate to fully address each of the required elements listed in Section V. of this announcement including specific and measurable objectives and activities to meet those objectives? Is the plan complete,

sound, and practical? Does it include process measures? Has the applicant

provided a description of planning efforts to obtain strong stakeholder support from

those entities that will be instrumental in the implementation of a successful

program?

3. **Capacity (25 points)**: Is the staffing plan adequate and does it demonstrate an

    understanding of the labor needed to accomplish the stated objectives and related

    activities? Do staff members have appropriate experience? Are the staff roles

    clearly defined? As described, will staff be sufficient to accomplish the identified

    program goals? Has experience been demonstrated in establishing working

    relationships between the immunization program and the partners necessary to

    implement the described activities? Does the applicant have the capacity to

    implement a plan once it has been developed?

4. **Budget (SF 424A) and Budget Narrative (Reviewed, but not scored):** Is the

    itemized budget for conducting the project, and justification reasonable and

    consistent with stated objectives and planned program activities?

Part II, Program Area 6: Enhance sustainability of school-located vaccination

1. **Operational plan (30 points):** How detailed and well-considered is the applicant's

    implementation plan? Is the staffing plan well described and adequate for planning,

    implementing, and evaluating the project? Does it include a clear description of

    partner roles? Is there a plan for rapid implementation of the project once funds are

    in place? Is the timeline for planning and implementation reasonable? Is there an

    adequate plan for obtaining parental consent and distributing the Vaccine

Information Statements? Is there a plan for recording doses administered, and for entering information into immunization information systems? Is there an adequate plan for billing public and private insurers? Is there a plan for communicating vaccination information to providers? How feasible are the plans for educating and promoting vaccination to schools, parents, and partners? Does the plan include quantitative process and outcome measures?

2. **Capacity (20 points):** Does the plan fully describe existing resources to lay the framework for this project? Do existing staff members have appropriate experience to accomplish program goals related to this project? Does the applicant describe SLV experience relevant to the current project? Are school partnerships in place as documented by letters of support, and supported by funding relationships, as appropriate? Are other supporting partnerships in place (e.g., parent organizations, community vaccinators, other)?

3. **Sustainability and Automation (20 points):** Is there a sufficient plan for acquiring and tracking consent?   Does the plan for billing appear to be sound? Does it appear to involve innovative approaches, collaborations/partnerships/arrangements with insurers or insurance authorities, and/or take advantage of new technology that could lead to greater billing efficiency and success? Is there a plan for utilization of proprietary claims software, or development of needed software to interface with insurers? Is there a sufficient plan for communication and outreach to private payers and insurance authorities? Is the process to utilize reimbursements for future years' private stock vaccine purchase and administration clearly described? Are other non-

billing plans to improve the success and efficiency of SLV proposed? Do they appear to be sound, innovative, and likely to succeed? Is there is a plan for purchase, subscription, or development of interface software for entering immunization records into immunization information systems/provider EHRs, and does it appear sound?

4. **Evaluation Plan (15 points):** Is there a plan to evaluate the existing and new systems/structures utilized to make SLV clinics viable and sustainable vaccination sites for school children? Does the applicant have existing resources or liaisons to external resources needed to implement a successful evaluation of the SLV clinics conducted and address the evaluation requirements, as stated above?

5. **Justification of need (15 points):** Are data provided to demonstrate the appropriateness of the target populations? Does the applicant justify the selection of the populations or geographic regions to be targeted? Will the selected populations allow for use of both VFC vaccine and reimbursable vaccine? Does the applicant demonstrate a clear understanding of SLV, the implications of ACA, and the goals and objectives of the project? Does the applicant adequately justify the use of SLV and the use of billing and other automated systems to carry it out in the chosen communities?

6. **Budget (SF 424A) and Budget Narrative (Reviewed, but not scored):** Is the itemized budget for conducting the project and justification reasonable and consistent with stated objectives and planned program activities? Is no more than 50% of the budget designated for purchase of vaccine?

The applicant can obtain guidance for completing a detailed justified budget on the CDC

website, at the following Internet address:

http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement

and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed

for responsiveness by the National Center for Immunization and Respiratory Diseases

(NCIRD) and PGO. Incomplete applications and applications that are non-responsive to

the eligibility criteria will not advance through the review process. Applicants will be

notified the application did not meet eligibility and/or published submission

requirements.

An objective review panel will evaluate complete and responsive applications according

to the criteria listed in Section V. Application Review Information, subsection entitled

"Evaluation Criteria." CDC anticipates two review panels (for Parts I and II respectively)

that will review and rank the parts of each application pertaining to the Program Area and

corresponding evaluation criteria provided in this FOA. The review panels will consist of

CDC employees – the majority of which will be from outside the funding center

(NCIRD) – and in accordance with CDC objective review policies and procedures. Both

review panels (Parts I and II) will develop a list of recommended awardees in rank order

for each Program Area. The program will then decide which activities to fund based on

the number of successful applications per Program Area, the available funding, and which applications best meet the intended purpose of the FOA and demonstrate the greatest potential to show impact in the desired outcomes.

Selection

Applications will be funded in order by score and rank determined by the review panel. CDC will provide justification for any decision to fund out of rank order.

VII. Award Administration Information

Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

Unsuccessful applicants will receive notification of the results of the application review by mail.

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

- AR-7   Executive Order 12372

- AR-8   Public Health System Reporting Requirements

- AR-10   Smoke-Free Workplace Requirements

- AR-11   Healthy People 2020

- AR-12   Lobbying Restrictions

- AR-14   Accounting System Requirements

- AR-20   Conference Support

- AR-24   Health Insurance Portability and Accountability Act Requirements

- AR-25   Release and Sharing of Data

- AR-29   Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.

- Additional information on the requirements can be found on the CDC Web site at the following Internet address:

  http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:

http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

Reporting

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over $25,000, including such information as:

1. The name of the entity receiving the award

2. The amount of the award

3. Information on the award including transaction type, funding agency, etc.

4. The location of the entity receiving the award

5. A unique identifier of the entity receiving the award; and

6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-

bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

Each recipient must provide CDC with an original, plus two hard copies of the following

reports for each funded Program Area:

1. **Monthly progress report**, due 30 days after award and monthly thereafter.

   Reports should contain data and updates from the preceding month and may

   contain cumulative data/information. A template will be developed in

   collaboration with the awardees, but monthly reports should contain, at a

   minimum, the following:

   a. Project overview

   b. Work progress during the previous month

   c. Status of implemented activities

   d. Difficulties encountered

   e. Future activities

2. **Financial Status Report* (SF 269) and Annual Progress Report**, no more than

   90 days after the end of the budget period.

3. **Final Performance and Financial Status Reports***, no more than 90 days after

   the end of the project period.

*Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements

will be obsolete. Existing practices will be updated to reflect changes for implementation

of the new Federal Financial Reporting (FFR) requirements.

These reports must be submitted to the attention of the Grants Management Specialist

listed in the Section VIII below entitled "Agency Contacts".

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Program Area 1:   Gary A. Urquhart, M.P.H.
                            Department of Health and Human Services
                            Centers for Disease Control and Prevention
                            1600 Clifton Road NE, MS E-62
                            Telephone: 404-639-8277
                            E-mail: GUrquhart@cdc.gov

Program Area 2:   Janet Fath, Ph.D.
                            Department of Health and Human Services
                            Centers for Disease Control and Prevention
                            1600 Clifton Road NE, MS E-62
                            Telephone: 404-639-6070
                            E-mail: JFath@cdc.gov

Program Areas 3 & 4:   Duane Kilgus, M.P.H., R.S.
                            Department of Health and Human Services
                            Centers for Disease Control and Prevention
                            1600 Clifton Road NE, MS E-52
                            Telephone: 404-639-6354
                            E-mail: DKilgus@cdc.gov

Program Area 5:   Raymond Strikas, M.D., M.P.H., F.A.C.P.
                            Department of Health and Human Services
                            Centers for Disease Control and Prevention
                            1600 Clifton Road NE, MS E-52
                            Telephone: 404-639-6465
                            E-mail: ras8@cdc.gov

Program Area 6:   Cindy Weinbaum, M.D., M.P.H.
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS E-52
Telephone: 404-639-8807
E-mal: CWeinbaum@cdc.gov

For **financial, grants management, or budget assistance**, contact:

Constance Jarvis, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K-14
Atlanta, GA 30341
Telephone: 770-488-2859
E-mail: abq3@cdc.gov

Or

Michael Vance, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS K-14
Atlanta, GA 30341
Telephone: 770-488-2686
E-mail: mav5@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week. Closed on federal holidays.

For **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at:
TTY 1-888-232-6348

VIII. Other Information

For additional information on reporting requirements, visit the CDC website at:

http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Other CDC funding opportunity announcements can be found at www.grants.gov.